

## ISSUE SLIP STAPLE AREA (for additional cross references)

NAME	INITIALS	ID NO.	DATE
FEE DETERMINATION		49	3/24/01
O.I.P.E. CLASSIFIER		575	05/03/01
FORMALITY REVIEW	M.H.	625	08-15-01
RESPONSE FORMALITY REVIEW			

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral)... Canceled A ..... Appeal  
 + ..... Restricted O ..... Objected

Claim	Date
Final	
Original	
1	3/10/01
2	3/10/01
3	3/10/01
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here